

Property Description: (Refer to your Tax Bill)

Property Address: _____

Map Reference Number: _____ Section _____ Block _____ Lot _____

Size of Lot: _____ Assessed Value _____ Tax _____

1. Is this residence occupied by the applicant as the sole dwelling? Yes ☐ No ☐

2. Is the applicant? Owner ☐ Partial Owner ☐ _____%

If partial ownership, explain how the ownership is legally held and the portion owned by the applicant.

3. The person claiming the exemption must on December 31 immediately preceding the taxable year, have held title to the property for which the exemption is claimed.

4. List the names, relation, ages and social security numbers of all persons related to the applicant who occupy the above residence.

Name	Relation	Age	Social Security Number
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Please complete this gross income statement for the preceding calendar year. Included in this statement should be the total gross income from all sources of the applicant and spouse and all persons related to the applicant living in the above residence.

GROSS INCOME	Applicant	Spouse	Relatives living in residence
Gross Earnings	\$	\$	\$
Pensions			
Social Security			
Interest			
Dividends			
Rent(s) (Net)			
Welfare			
Gifts			
Capital Gains			
Other Sources			
Deduct, Income to \$4,000 of each Relative Living in Residence			(-)
Total	\$	\$	\$

Total Combined Gross Income of the Applicant, Spouse and Relatives \$ _____ Page 2 of 4